

# Application Marshfield Fair Food Permit – August 16-25, 2024

Marshfield Board of Health  
870 Moraine Street  
Marshfield, Ma. 02050

781-834-5558  
Fax 781-837-6047

Permit # \_\_\_\_\_

Fee \_\_\_\_\_

**Early Registration Fee:**      **\$15.00 per day (if received 14 days prior to event)**  
   **\$25.00 per day (if received less than 14 days prior to event)**

**PLEASE NOTE: Applications will not be accepted less than 72 hours prior to an event.**

**Applications will not be processed unless all of the below items are enclosed:**

- ☐ **Completed/Signed Application Marshfield Fair Food Permit Form**
- ☐ **FEE made payable to Town of Marshfield**
- ☐ **Food Certification(s)**
- ☐ **Allergen Awareness Certification**
- ☐ **Common Victualler License (obtained from Selectboard's Office at 781-834-5563)**

**PLEASE PRINT CLEARLY**

Name of Establishment: \_\_\_\_\_

Name of Certified Food Handler: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complete Mailing Address:** \_\_\_\_\_  
(if different than above)

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fed. ID # \_\_\_\_\_

Menu: List all food items proposed to be prepared and served:

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Confirm your understanding that the following is needed for all food handling? Y N

Food grade gloves / Food Thermometer / Hand sanitizer & towels / Covers on Food

If preparing PHF's (Potentially Hazardous Foods) off site: Please attach a copy of the fixed base of operation, commissary, or restaurant where the food will be prepared, including dates & times of food preparation. Describe how food will be safely transported (temperatures about 135 F and below 41 F ) to the event. (Hot Dogs are exempt)

List sources if serving meat/poultry/seafood/shellfish (Shellfish tags must be maintained for 90 days)

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List water source and storage method\_\_\_\_\_

How will wastewater be stored and disposed? \_\_\_\_\_

How will garbage be stored and disposed? \_\_\_\_\_

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above, without prior approval from the Board of Health, may nullify final approval.

Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE!**

Approval of these plans does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute approval for operation. A pre-opening inspection of the establishment, with equipment in place and operational, will be required to determine compliance.